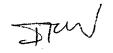
PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number FAT & TRADEMA Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) **Application Number** 10/660,583 FEE TRANSMITTAL Filing Date September 12, 2003 For FY 2005 First Named Inventor WATARU KAWATA **Examiner Name** Patrick H. Mackey Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 3651 TOTAL AMOUNT OF PAYMENT (\$) 0.00Attorney Docket No. 03560.003351 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto X Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Х Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee(\$) Fee(\$) Fee(\$) 500 250 200 100 Utility 300 150 200 100 100 50 130 65 Design 100 300 150 160 80 Plant 200 500 Reissue 300 150 250 600 300 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) - 20 or HP = Fee(\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee Paid (\$) Fee(\$) - 3 or HP = 0 Х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets Extra Sheets** ___ (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) \$130 fee (no small entity discount) Non-English Specification, Other:

SUBMITTED BY	1/11/1		
Signature	1(1/tu)	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl		Date: April 11, 2005



1PE 03560.003351

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Patrick H. Mackey
WATARU KAWATA)	•
	:	Group Art Unit: 3651
Application No.: 10/660,583)	•
,	:	Confirmation No.: 7881
Filed: September 12, 2003)	
•	:	
For: SHEET FEEDING DEVICE WITH)	April 11, 2005
PLURAL SHEET FEEDING MEANS	:	
FEEDING IN OPPOSITE DIRECTIONS)	
TO SHEET POST-PROCESSING	:	
SYSTEM)	
Mail Stop Amendment		
COMMISSIONER FOR PATENTS		
P.O. Box 1450		
Alexandria, Virginia 22313-1450		

AMENDMENT

Sir:

In response to the Office Action mailed January 10, 2005, the Examiner is respectfully requested to consider and enter the following amendments: